

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010169

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 55

Primary Registration District No. 5194

Registrar's No. 35

FILED MAR 22 1962

## 1. PLACE OF DEATH

a. COUNTY Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Moss Creek Twp.Length of stay in 1b  
Minutes2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Jacksonc. CITY  
OR  
TOWN Kansas CityInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 2 Mi. W. of CarrolltonInside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS  
(If outside, give location)  
1621 ElmwoodReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
DOROTHY JEAN WINFREY4. DATE OF DEATH  
Month Day Year  
March 17 19625. SEX  
Female6. COLOR OR RACE  
White7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
5/8/19369. AGE (last birthday)  
25IF UNDER 1 YEAR IF UNDER 24 HR.  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Stenographer10b. KIND OF BUSINESS OR INDUSTRY  
Grain Co.11. BIRTHPLACE (City and state or country)  
Wakenda, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A

## 13a. FATHER'S NAME

Earl I. Winfrey

## 13b. MOTHER'S MAIDEN NAME

Lois J. Meyer

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No17. INFORMANT  
Address  
Earl Winfrey, Carrollton, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

MULTIPLE FRACTURES AND LACERATIONS

INTERVAL BETWEEN  
ONSET AND DEATH  
15 MIN.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) FROM 2-CAR ACCIDENT ON HIGHWAY

DUE TO (c) NO 10.3 MILES WEST OF CARROLLTON, MO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
-YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

2-CAR HEAD ON COLLISION

20c. TIME OF  
INJURY  
Hour Month, Day, Year  
1:00 p.m. 3-17-6220d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
ON HIGHWAY20f. CITY, TOWN, OR LOCATION  
COUNTY STATE  
RURAL, CARROLLTON, CARROLL, MO21. I attended the deceased from  
AT DEATH  
Death occurred at 1:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.

(CORONER CALL) and last saw him alive on

## 22a. SIGNATURE

(Degree of Physician)  
Carroll County, Mo. 10th 9th. Carrollton, Mo.

## 22b. ADDRESS

3-17-62

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial23b. DATE  
3/19/6223c. NAME OF CEMETERY OR CREMATORY  
Oak Hill Cemetery23d. LOCATION (City, town, or county)  
Carrollton Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Gibson Funeral Home, Carrollton Mo. 3/20/62 Mrs. Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/596170  
23238

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# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ben W. Gibson*

Licensed Embalmer No.

*2961*

P. O. Address

*Carrollton Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

NO. 117120

APR 24 1962

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